# Request for Confidential Communications

Tufts Health Plan (THP) is committed to allowing members to exercise their rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws. As a THP member, you have the right to request and receive communications containing your health information by an alternate means or at an alternate location. Please complete and return this form for THP to review your request to receive confidential communications.

| **Member Information** – For individual making the request ("Member") | |
|---|---|
| **Name:** | **ID Number:** |
| **Street Address:** | |
| **City, State, Zip Code:** | |
| **Date of Birth:** | **Phone Number:** |

**Alternate Means or Location -** Provide the alternate address or other means where you would like to receive communications from THP containing your health information. The alternate address provided must be different than the Policy address that is on record with THP. All future written communications will be sent to this address until you notify THP, in writing, that this address should no longer be used.

| **Mailing Street Address** | | **Apt/Unit #** |
|---|---|---|
| **City** | **State** | **Zip Code** |
| **Please describe another means (if applicable) by which you would like to receive confidential communications:** | | |

## Member Signature

I hereby authorize THP to communicate information to the address, telephone number and/or other means described above.

**Signature of Member or Authorized Representative** **Date**

| **Authorized Representative Name** | | **Telephone Number** |
|---|---|---|
| **Address** | | **City** |
| **State** | **Zip Code** | **Relationship to Member** |

*If THP does not have legal documentation on file for the named authorized representative, then a copy of that legal documentation must be included with this form.*

**Please Return this Completed Form and Supporting Documentation:**

| **FAX this Form** (and documentation, if applicable) **To: 1-617-673-0380** | **Or mail to:** Tufts Health Plan<br>Member Services Dept. - Commercial<br>1 Wellness Way<br>Canton, MA 02021-1166 |
|---|---|

**If you have any questions about this form, please contact a Tufts Health Plan Member Services representative at: 1-800-462-0224 or TTD# 711.**



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